



**WAAMH**

**Western Australian Association  
for Mental Health**

# Annual Report 2011

Peak body representing the community based mental health sector  
in WA for people with mental illness and their carers





**WAAMH**

Western Australian Association  
for Mental Health

**The WA Association for Mental Health's vision** is that:  
Western Australian Community Organisations will lead the way  
in supporting and including people with mental illness and their  
carers, providing innovative, well-governed community-based services  
focussed on recovery.

**The WA Association for Mental Health's role** – Support the  
development of the community-based mental health sector,  
provide systemic advocacy and representation, and  
influence public opinion for the benefit of  
people with mental illness and their carers.

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# WAAMH Membership, Board & Staff

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## Full Members (66)

55 Central Inc  
Access Housing Association - Fremantle  
Albany Outreach Support Service  
Alzheimer's Australia WA Ltd.  
ARAFMI Mental Health Carers Association Inc.  
ASeTTS  
Australian Red Cross  
Baptistcare  
Bay of Islands Community Outreach Inc  
Bunbury Pathways '92 Inc.  
Carers Association of WA  
Casson Homes  
Centrecare Inc  
CLAN WA  
CoMHW  
COMIC WA  
Community First International Limited  
Community Housing Coalition of WA  
DADAA  
Even Keel Bi Polar Disorder Support Association  
Foundation Housing  
Fremantle Multicultural Centre  
Gosnells Womens Health Service  
Great Southern Community Housing Association  
GROW  
Health Consumers' Council  
Hills Community Support Group  
June O'Connor Centre - Subiaco  
LAMP Inc.  
Life without Barriers  
LifelineWA (Living Stone Foundation)  
Mental Illness Fellowship of WA Inc.  
Midwest Community Living Assoc  
Mission Australia  
Multicultural Services Centre of WA  
NEAMI Limited  
Outcare Incorporated  
P.D. Leading Enterprises  
Pathways Farm Inc.  
Perth Home Care Services  
Perth Inner City Youth Service  
Relationships Australia WA Inc  
Richmond Fellowship of WA Inc  
Ruah Community Services

Share & Care Community Services Group Inc  
SIDS and Kids WA Inc  
Southern Cross Care (WA) Inc  
St Bartholomew's House - East Perth  
St John of God Health Care Inc.  
St Jude's Psychiatric Hostel  
Support in Site  
Tanderra Men's Hostel - Salvation Army  
TenderCare  
The Samaritans Inc  
UnitingCare West  
Uniting Church Community Outreach Services  
Vincentcare  
WA Aids Council  
WA General Practice Network  
Wanslea Family Services  
WISE Employment Ltd  
Women's Health & Family Services  
Women's Healthworks  
Workpower Incorporated  
Youth Focus  
Zonta House Refuge Association Inc

## Corporate Members (10)

Armadale Health Service  
Blooming Minds  
Holyoake  
Homecare Services  
Kimberley Mental Health & Drug Services – WACHS  
North Metropolitan Area Health Services  
Professional Vocational Services  
South Metro Area Health Service  
WACHS - Wheatbelt Region

## Individual Associate Members (31)

(Not Listed for Privacy reasons)

## Honorary Life Members (4)

Denise Bayliss  
Bob Hetherington O.A.M.  
Helen Lynes  
Keith Wilson

## Reciprocal Members (1)

Western Australian Network of Alcohol and other Drug Agencies

# Board of Management & Staff Members

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## Board of Management October 2010 onwards

### Office Bearers

John Gherardi	President
Anna Roberts	Vice President
Marita Walker	Chair of Finance
Sandra Vidot	Secretary

### Members

Carmen Acosta	Nichol Marshall
Brian Stafford	Margaret Doherty
Sheryl Carmody	Yvonne Pallier
Pam Gardner	Fran Tilley (resigned May 2011)
Lorrae Loud	Richard Bostwick (resigned May 2011)
Joe Calleja	Joscelyn Jones (resigned April 2011)

### WAAMH Staff members

Ann White	Executive Officer to 31 Dec 2010
Stephen Hall	Executive Director Sept 2010
Patricia Wilson	Administration Support
Leanne Wherry	Administration Support
Joanne Pollard	Project Officer
Ann Elliott	Mental Health Week Coordinator 2010 / Operations Manager Feb 2011
Abby Phillis	Policy & Sector Development Manager from March 2011
Allan Huggins	Policy Advocate to Nov 2010

### Student Placements

Ella Cuccovia	UWA	Ginni Koh	UWA
Mayumi Kono	TAFE	Xiong Quian	TAFE
Lovelyn Hamweene	TAFE	Michael Setiawan	UWA

### Volunteer

Greg Hambleton  
Dale Lancaster

# President's Report



WAAMH is on the brink of an evolutionary breakthrough, somewhat similar to the situation I described twelve months ago but this time with greater depth, resource and potential.

Nonetheless the work of WAAMH through the year has been carried out with increased gravitas and presence. While primarily seeking to engage with and resource its membership and people living with mental illness and their families in accordance with our mandate, WAAMH has forthrightly stepped into a broader arena by promoting engagement between its traditional constituency and other professionals, clinicians and practitioners in the public mental health sector and to a lesser extent the private sector. This has proven to be an invaluable venture from which there has been much learning for all parties involved. The dominant theme is the need for greater interaction between the different sectors, through joint training, ongoing conversations and service design, to name a few, in pursuing effective reform.

At the governance level I can report that the Board of WAAMH has been a powerful think-tank in addressing the many significant issues before it. I wish to acknowledge and express a word of gratitude to three people whose term of office concludes and who will not be seeking re-election: Anna Roberts, Brian Stafford and Sheryl Carmody. Their contribution has been enormous.

## WAAMH's Strategic Priorities

Membership on the Board at this point in time of major reform calls for a broad strategic approach and the capacity for members to transcend one's own area of personal interest and involvement and to act in the best interest of the organisation's priorities. During the year the Board mapped out its strategic priorities going forward. It set the following major areas of focus for its work.



Another area that the Board has identified that needs attention is WAAMH's constitution. A major review of the constitution is required to incorporate the best of governance practice for WAAMH's environment and address gaps that exist. Unfortunately we have been unable to make any progress on this front during the course of the year. Members can look forward to this process being completed through this year.

Policy development and policy promotion are inherent activities of a peak organisation. We began the year with the intention of publishing four policy papers that would be developed through a highly consultative and deliberative process. It is with some satisfaction then that a first discussion paper on recovery is released in

conjunction with our AGM with a view to a dynamic position paper being released in the New Year; dynamic in the sense that its development and enhancement will be an ongoing process.

WAAMH has also sought to operate at the national level, primarily through its active participation in and resource contribution to the work of Community Mental Health Australia. We are also a member of the Mental Health Council of Australia. The Federal Government is a major contractor of the NGO mental health sector and in its current budget committed serious funds to this area. Influence at the national level therefore is an important area of work for WAAMH which will be continued.

At year's end and early into the new reporting year new positions were created and filled in WAAMH as a result of additional one-off funds under contract from the Mental Health Commission. Over the year almost a new staff team has come on board under the leadership of Stephen Hall, appointed as Executive Director in September 2011. This staff team is so typical of the NGO community services sector; powerfully committed to the area in which they are involved. They have a strong sense of solidarity with the people involved, in this case people living with mental illness and carers, and are unstinting in their work ethic.

2010/11 can be characterised by the building up of resources, financial and staff, for WAAMH to launch into major projects such as building the competence and capacity of the sector, workforce development, employment and research. Although these sound like 'old chestnuts' the environment is certainly different now. Many would say the 'stars are in alignment' to deliver on the promise of a meaningful life for people who live with mental illness. Hope is in the air. However we need to be mindful that this cannot be done in isolation from attention to the life systems of planet earth.

*All human institutions, professions, programs and activities must now be judged primarily by the extent to which they inhibit, ignore or foster a mutually enhancing human-Earth relationship.*

*Thomas Berry*

John Gherardi  
**President**  
October 2011



# Executive Director's Report

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## Introduction

I commenced at WAAMH in September 2010, three months into the period covered by this report.

The Barnett Government was elected with a strong platform of reform in Mental Health. The Mental Health Commission had already been established and during the period covered by this report we have witnessed a number of elements of that reformist election platform take shape.

## Vision and Values

The inaugural Mental Health Commissioner, Mr Eddie Bartnik, commenced shortly before I started at WAAMH; Mr Bartnik has consistently articulated a strong vision for system wide reform and growing community sector and suggests that reforms should create a more coherent and connected system. This would require a cultural change and a rebalancing of the current system, with a greater focus on prevention and early intervention and more comprehensive community based supports. Mr Bartnik has also emphasized the importance of 'values'.

*Real reform needs to be value based and will cause us to question the fairness and justice of many of our past and present policies.*

## New Minister, Reform and Budget Initiatives

The New Year saw a change of Minister from Dr Graham Jacobs to the Hon Helen Morton; the new Minister also brings a strong reformist agenda.

Mental Health was the centerpiece in this year's federal budget with a \$2.2 billion dollar commitment over the next five years. The Federal Minister for Mental Health, Mr. Mark Butler, subsequently made a whirlwind visit to Perth to discuss the finer points of the budget at a meeting convened by WAAMH. The most significant new funding measures for mental health include:

- \$419.7 million over five years to establish up to 12 new Early Psychosis Prevention and Intervention Centres (EPICC), and 30 new headspace sites to help young people with or at risk of mental illness
- \$343.8 million over five years to provide more coordinated care services to people with severe mental illnesses
- \$269.3 million over five years for community mental health services, in particular to expand Family Mental Health support services and increase the number of personal helpers, mentors, and respite care services
- \$201.3 million over five years for a National Partnership Agreement on Mental Health. Funds from this agreement would be made available to state and territory governments on a competitive basis for projects designed to address major gaps in mental health services and
- \$205.9 million over five years to expand access to the Access to Allied Psychological services programs in hard to reach and low socio-economic areas.<sup>1</sup>

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<sup>1</sup> <http://www.aph.gov.au/library/pubs/RP/BudgetReview2011-12/Mental.htm>

This was followed by the State Budget where the centerpiece was a \$600 million top up to around 300 community managed organisations in the human services sector. In broad terms it was an increase of 15% across the board, with no increased specification of service delivery and a notional additional 10% on a demonstrated true cost of delivery of services in a new procurement milieu.<sup>234</sup> The State Budget also saw a major commitment to assisting people with a mental illness living in their own homes with new capital funding of \$46.5million for 100 homes for people and \$25.2 million over four years for people that will provide essential community support services to those people living successfully in their homes. Of the 100 homes for people with mental illnesses, 80 will be built in Perth and 20 in regional areas.<sup>56</sup>

This is the beginning of a major reform process on a number of fronts; WAAMH and its member organisations are clearly seen as a key part of this reform process; this has been articulated by Government on a number of occasions. Some may even go as far to say that we have witnessed the start of a shift from an "economic" driven society to a "person" focussed society. If this is in fact the case its success may be judged by the quality of our services for people living with mental illness, their families and the relationships they have in the wider community.

Another piece of the jigsaw is the Barnett Government's decision to participate in the 'Heads of Agreement – National Health Reform' led by the Federal Government; a key component of this is the establishment of 'Medicare Locals' and further reforms in mental health.<sup>7</sup>

### **WAAMH and the Mental Health Commission (MHC)**

WAAMH is building a robust collaborative working relationship with the MHC on a number of fronts. For example, WAAMH is participating on a number of policy working groups with the MHC; this includes, but is not limited to, the following:

- Collaboration and Service Integration Reference Group
- Workforce Development Working Group
- National Standards for Mental Health Services Implementation Steering Group
- Info Management Development Project
- Quality Assurance in Mental Health, and
- Implementation Committee for the 100 Individual home and care packages.

During 2010 the MHC funded WAAMH to develop four 'Scoping Projects' on future areas of work related to developing the community managed mental health sector. The four scoping projects were:

- Development of a Sector Wide Strategic Plan
- Workforce Development and Training Strategy
- Mapping the Services Provided by the Community Managed Sector, and
- An Outcomes Development Project.

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<sup>2</sup> <http://www.ourstatebudget.wa.gov.au>

<sup>3</sup> [http://www.treasury.wa.gov.au/cms/uploadedFiles/State\\_Budget/Budget\\_2011\\_12/2011-12\\_fact\\_sheets\\_sustainable%20funding%20and%20contracting%20with%20the\\_not-for-profit%20sector.pdf](http://www.treasury.wa.gov.au/cms/uploadedFiles/State_Budget/Budget_2011_12/2011-12_fact_sheets_sustainable%20funding%20and%20contracting%20with%20the_not-for-profit%20sector.pdf)

<sup>4</sup> Also refer Hansard 31 May 2011

[http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/18dc933b2e8982ef482578af004fbc19/\\$FILE/A38%20S1%2020110531%20p39b-63a.pdf](http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/18dc933b2e8982ef482578af004fbc19/$FILE/A38%20S1%2020110531%20p39b-63a.pdf)

<sup>5</sup> <http://www.mediastatements.wa.gov.au/Pages/WACabinetMinistersSearch.aspx?ItemId=140394&minister=Morton&admin=Barnett>

<sup>6</sup> [http://www.treasury.wa.gov.au/cms/uploadedFiles/State\\_Budget/Budget\\_2011\\_12/01\\_part\\_18\\_mental\\_health\\_commission.pdf](http://www.treasury.wa.gov.au/cms/uploadedFiles/State_Budget/Budget_2011_12/01_part_18_mental_health_commission.pdf)

<sup>7</sup> [www.coag.gov.au/communique\\_attachmentA-heads\\_of\\_agreement-national\\_health\\_reform-1](http://www.coag.gov.au/communique_attachmentA-heads_of_agreement-national_health_reform-1)

Early in October 2010 the Mental Health Commissioner invited WAAMH to submit a list of one off capacity building projects. This list, along with the four scoping projects was consequently submitted to the MHC.

The first three scoping projects (as listed above) were funded, but not the 'Outcomes Project' as the MHC was already working in that area. A significant amount of money was allocated to some specific areas of training; in addition some research projects were funded along with resources for assisting WAAMH member organisations to establish a demonstrated true cost of delivery of services for the new procurement environment. The State also funded two new positions at WAAMH:

- Policy and Sector Development Manager, and
- Workforce Development and Training Manager.

This injection of funding has increased the ability of WAAMH to actively work towards increasing the capacity of the community managed mental health sector. Workforce Development and Training is a new area of work for WAAMH and next year's annual report will cover the implementation of this in more detail. While the area of Policy and Sector Development is not a new area of work for WAAMH, it is the first time it has been allocated funding for a position of this nature.

## Whole of Government Approach to Mental Health

During the year there has also been a fair bit of 'noise' in the media around issues relating to policing and mental health; while mental health in the criminal justice system (both courts and prisons) has also gained attention. On the later the report entitled '*Assessment of Clinical Service Provision of Health Services of the Western Australian Department of Corrective Services*'<sup>8</sup> shows a real lack of specialist mental health services in the WA correctional system, in part the report states:

*"The mental health program in prisons has been, and remains, contentious. Significant applications to Government for enhanced funding have been made jointly with the Department of Health and independently but none have been successful. The co-morbidity program is the pragmatic result."* page 9

This is a major concern that warrants further close attention.

There has long been a focus on the alarmingly high rate of mental illness amongst inmates in the prison system<sup>9</sup>. The question of how this can be prevented, was addressed in the Final Report of the Law Reform Commission of Western Australia's "Court intervention programs" Chapter Four: "Mental Impairment Court Intervention Programs"<sup>10</sup>. This year there has been some early media announcement<sup>11</sup> regarding the establishment of a specialist court for people with mental illness, WAAMH has participated in consultations on this initiative; but at the time of writing there has been no formal announcement.

During the period covered by this report there has been some debate in the community around the implications for people with a mental illness that arise from a

<sup>8</sup> <http://www.correctiveservices.wa.gov.au/files/about-us/statistics-publications/students-researchers/hs-assessment-report.pdf>

<sup>9</sup> Confer references in [http://www.attorneygeneral.gov.au/www/ministers/mcclelland.nsf/page/Speeches\\_2011\\_ThirdQuarter\\_7September2011-LionelMurphyLecture-Vigilanceagainstinjusticeinthejusticesystem](http://www.attorneygeneral.gov.au/www/ministers/mcclelland.nsf/page/Speeches_2011_ThirdQuarter_7September2011-LionelMurphyLecture-Vigilanceagainstinjusticeinthejusticesystem)

<sup>10</sup> <http://www.lrc.justice.wa.gov.au/2publications/reports/P96-FR.pdf>; June 2009

<sup>11</sup> The West Australian 19 April 2011, page 17

piece of legislation that has been through the parliament and another that is proposed. The two pieces of legislation are commonly known as 'mandatory sentencing: assault public officer' and the 'three strikes tenancy amendment' that will mean mandatory evictions from public housing for bad behavior. I will not go into detailed discussions here as WAAMH has already published Policy Briefs on both of those matters.<sup>1213</sup> However, I would emphasize the problem with making anything mandatory removes any discretion from the court and essentially puts it in the hands of the persons bringing those charges (people who do not have all the facts to hand) and thereby removing the rigor a good defense brings to the court.

The reason I draw attention to them in the context of this annual report is that both have unintended consequences for people with mental illness and their families. This appears to be inconsistent with the strong reformist agenda the Barnett government brings to mental health.

*Western Australia must develop a consistent whole of government approach to mental health.*

## The Year that was – an overview

There were a number of activities that WAAMH ran throughout the year the following is an overview.

### Mental Health and Smoking: Clearing the Air Workshop

14 October 2010



Smoking Cessation  
Committee members

Disease caused by smoking is the second largest killer of people who have a mental illness.<sup>14</sup> The prevalence of smoking amongst people with mental illness in Australia is approximately 32% compared with 18% of the general population. Smoking and mental health is not an issue that has been vigorously targeted in WA and the focus to date has been on inpatients in smoke free public health facilities. The Mental Health & Smoking: Clearing the Air Workshop was organized through a partnership involving WAAMH and the Health Networks Branch, Department of Health WA and funding from the Mental Health Commission of WA. The Workshop was seen as the

<sup>12</sup> [http://www.waamh.org.au/images/stories/attachments/category/157/mandatory\\_sentencing\\_and\\_mental\\_illness.pdf](http://www.waamh.org.au/images/stories/attachments/category/157/mandatory_sentencing_and_mental_illness.pdf)

<sup>13</sup> <http://www.waamh.org.au/images/stories/attachments/category/157/ThreeStrikes.pdf>

<sup>14</sup> (SANE Australia, 2009).

first step in raising awareness of the issue and engaging and encouraging relevant stakeholders to take action. Over 110 people attended the workshop with the workshop aims being:

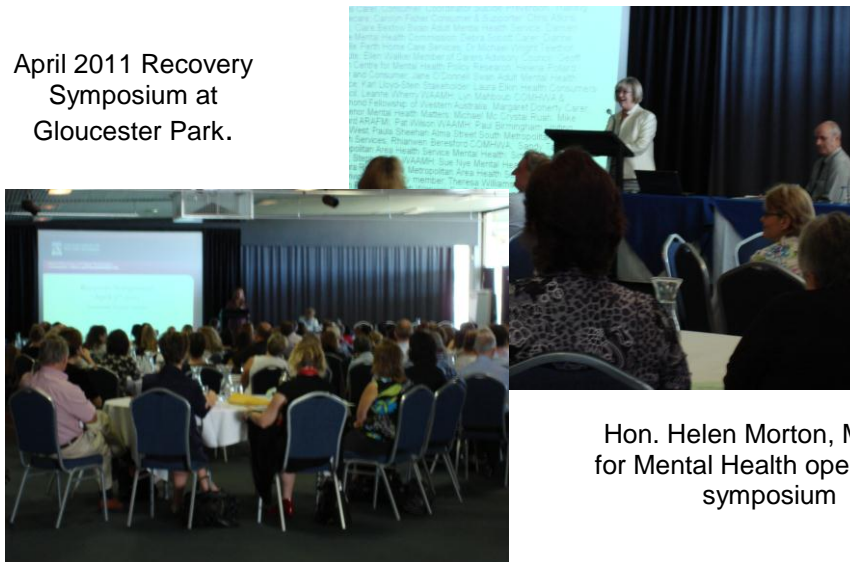
- To raise awareness of the importance of addressing smoking behaviour amongst people with mental health problems
- To provide a forum for mental health consumers, carers and workers to share information and ideas to reduce the prevalence of smoking and improve access to smoking cessation services for people with mental illness

## Recovery Symposium

Two recovery Symposiums were held this year, the first one during December 2010 and the second in April 2011.

Over 250 people attended the two events from the community-managed mental health sector, the public health sector, consumers, family members and representatives from the Mental Health Commission (MHC).

April 2011 Recovery Symposium at Gloucester Park.



Hon. Helen Morton, Minister for Mental Health opening the symposium

Seven themes emerged as the key concerns that need to be addressed by the sector. These were:

1. **Collaboration:** Participants wanted to see greater collaboration across the board, whether it was organisations working in partnership with the MHC and Department of Health, or organisations working in partnership with each other. People wanted to see a breakdown of the 'patch' mentality and more information sharing, possibly through specific events
2. **Information:** Participants wanted to see the implementation of clear information systems that informed consumers and families about services available (particularly in light of the move toward personalisation)
3. **Education and training:** Participants wanted to see better trained staff (across a host of service delivery related issues), with recovery embedded in

the training that is delivered; education & training delivered should have consumers and families involvement

4. **Consumer and families at the centre:** Participants wanted to see consumers and families 'as critical partners' in service planning, program design and policy development. Consumers and families would be consulted throughout these processes but also personally, in the development of a care plan for an individual and in determining the best course of action for treatment
5. **Remote and regional areas:** It was clear throughout the group discussions that people wanted to see a greater focus on improving access to services for consumers and carers in remote and regional areas
6. **Aboriginal perspectives:** Participants wanted to see a greater commitment to building an awareness and understanding of Aboriginal culture and the legacy of the colonial enterprise on Aboriginal people and their families and;
7. **Stigma:** Stigma in the workplace and the wider community (especially messages in the media) remained an ongoing concern for consumers who wanted to see projects (whether it be road shows or lobbying media outlets) that addressed the issue.

**The way forward:** WAAMH is committed to implementing the outcomes from the symposium in the context of the next 12 months of work. WAAMH will:

- Utilise the information gained throughout the process of consulting in the Recovery Symposium to inform the policy paper on Recovery being developed by WAAMH
- Work to develop opportunities that facilitate information sharing formally and informally between organisations, organisations and the MHC
- Commit to delivering its training within a recovery approach;
- Commit to delivering its training with consideration to educating service providers about Aboriginal cultural perspectives
- Commit to the delivery of community education events (including mental health week) that aim to break down the stigma of mental health in the community
- Commit to the mapping of sector services in WA with the aim of developing a tool that improves consumers awareness of and access to mental health services that meet their needs
- Incorporate the perspectives of consumers and families in the development of WAAMH policies through their engagement at sector forums and working groups established to address specific policy issues<sup>15</sup>

## Personalisation

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<sup>15</sup> A copy of the full report from the Recovery Symposium is available from the WAAMH website

WAAMH brought Kevin Lewis to Perth for a week in January 2011. The aim of the visit was to raise awareness and stimulate thinking and policy development around 'Personalisation and Mental Health'.



Hon Helen Morton and Kevin Lewis

Kevin addressed a public meeting attended by over 100 people and led a workshop with WAAMH Board members, community managed mental health sector CEO's and other invited guests. Kevin gave a comprehensive overview of the development of personalisation and individual budgets in the UK; with lots of questions, discussion and interaction at all meetings.

Kevin met with:

- The Minister and Mental Health Commissioner and a number of key policy staff,
- Mental Health carers and family members,
- Directors General of Child Protection, Communities and Representatives from the Offices of the Children's Commissioner & Public Advocate
- Mental Health Consumers
- Psychiatrists from the Department of Health
- Members of the Opposition with responsibility for mental health
- Key staff from Premier and Cabinet
- The newly appointed Chair and Deputy of the Mental Health Advisory Committee.

## Young Carers Projects

*When I was 7, I became the adult. I've been without food for weeks, without schooling for years, and without electricity for a year. I lived a terrifying life where the "spies" were trying to kill Mum and I was terrified and sad. The saddest thing was that the person, who was supposed to keep me safe, my Mother, was the one doing this to me. I lived in her delusional world. "The saddest thing is to care for the mother who is supposed to care for you, especially when you're a child". Still I love her.*

*Quote from a CoPMI young carer, Perth, Western Australia*

As a follow on from research WAAMH undertook into international young carer projects (2009) the Department for Communities, Office of Youth, and commissioned WAAMH to undertake two Young Carers Research Projects:

**1. Review of existing services and recommendation on the implementation of a program for children who have a parent (s) with a mental illness (CoPMI).**

Consultation was held with a variety of sources within the mental health sector, across Government and community organisations, interstate and international organisations and from young CoPMI carers.

After consultation with the sector, WAAMH submitted the following recommendations:

- The implementation of a range of services to young CoPMI carers
- The need for a targeted awareness-raising program encompassing whole of community, workforces and places of learning
- The need for system-wide reform
- The establishment of a Taskforce
- Research and a program for Young Adult CoPMI Carers
- Amendment to the 'Carers Recognition Act' to include CoPMI
- A dedicated role in the Mental Health Commission
- A whole-of-government approach
- Distribution of the Young Carer Report
- Ongoing Evaluation

Regular meetings are continuing with the Mental Health Commission to discuss and develop models by which CoPMI can be supported and how the recommendations can be implemented. These meetings are attended by Warwick Smith, (Chair, Western Australian COPMI Collaboration Implementation and Monitoring Committee), Eddie Bartnik (MHC), Stephen Hall and Joanne Pollard from WAAMH.

**2. Social Networking Project for children who have a parent with a mental illness**

Following on from the above Project, the Department for Communities, Office for Youth commissioned WAAMH to undertake consultative action based research into the needs for a Social Networking Program for CoPMI.

To progress this project WAAMH partnered with the Youth Affairs Council of Western Australia (YACWA) and Project Officers from each organisation worked together to organise activities, communicate with young people and their families and consult with young people and organisations who work with CoPMI. The activities undertaken were recommended by the young people who attended the events.

Recommendations from this consultative process included:

- The development of a social networking program for this target group, both online and offline.
- Young people from the metropolitan, rural and regional areas, be consulted with, as a whole, and be involved in the design, development and content of online and offline social networking programs. This would ensure that the relevance, appeal and the effectiveness of any program would meet the needs of young people throughout Western Australia.



- There is a need for programs to be implemented in the rural and regional areas of Western Australia and for linkages with young people in the metropolitan area.
- Organisations with a CoPML client base receive funding for support groups and to facilitate social activities for young people, reducing isolation, and provision for interaction with peers where they can learn social and life-skills.
- A central point where the social activities for CoPML can be promoted.

## Mental Health and Recovery – Employment Project: An Evidence-Based Practice Initiative

During the course of this year WAAMH commenced an action research project on employment and mental health. This arose from WAAMH's draft strategic directions where it was noted as one of the 'Major Areas of Priority Focus'.

Employment is a key to poverty reduction and social inclusion. It is also regarded as an (early) intervention strategy in itself on the recovery journey.<sup>16</sup>

Positive and meaningful employment is linked to improved self-concept and self-efficacy, higher ratings of subjective well-being, regaining self-esteem, reduced symptoms and hospitalizations, and increased personal empowerment.<sup>17</sup>

The majority of people admitted to mental health services in Western Australia are between the ages of 15 to 30 years of age. As this is a critical life course window in a person's vocational life journey, it is imperative that valid and reliable practices are in place across the mental health and employment sectors to facilitate employment and education participation, to ensure that the years of life spent by people living with serious mental illness in marginalized settings, in poverty, are reduced.

In Australia, the employment outcomes achieved by people with mental illness are low when compared to outcomes achieved under the Individual Placement and Support Evidence Based Model (IPS).

For example disability employment services in Australia generally achieve outcomes of 16% - 30%. By contrast, the Evidence Based Model has a proven record with employment outcomes for people with serious mental illness of 60%, or more<sup>18</sup>.

<sup>16</sup> Commonwealth of Australia. (2008). *Employment Assistance for people with Mental Illness: Literature Review*. Barton. ACT.

<sup>17</sup> Boardman J, Grove, B, Perkins R, Shepherd G. (2003). Work and employment for people with psychiatric disabilities. *British Journal of Psychiatry*, 182, 467 – 468.; Rinaldi M, McNeil K, Finn M, Koletsi M, Perkins R, Singh SP, (2004). What are the benefits of evidence-based supported employment programs for patients with first-episode psychosis? *Psychiatric Bulletin*, 28(8), 281-284.

<sup>18</sup> The employment outcomes of people living with mental illness in open employment are contested. There is generally a question about the collinearity of variables used in the delivery of services *vis a vis* results. The following papers discuss outcomes and results in various program environments, includes that of the Evidence Based model:

Becker, D.R.; Drake, R.E., 2003. *A Working Life for People with Severe Mental Illness*. Innovations in Practice and Service Delivery with Vulnerable Populations Series., Oxford University Press: NY.

Bond, G. *Supported Employment: Evidence for an Evidence-Based Practice*. Psychiatric Rehabilitation Journal. 2004. Vol. 27., No. 4.

Bond, G., Becker, D., Drake, R., Rapp, C., Meisler, N., Lehman, A., Bell, M., Blyler, C., 2001, *Implementing Supported Employment and Evidence-Based Practice*. Psychiatric Services; March 2001, Vol. 52, No. 3.

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McLaren, K. n.d. *Work in Practice: Best Practice Employment Services for People Living with Mental Illness*. New Zealand.

Waghorn G, Chant D, White P, Whiteford H. (2004). Delineating disability, labour force participation, and employment restrictions among persons with psychosis. *Acta Psychiatrica Scandinavica*, 109, 279-288.

Waghorn, G.; Lloyd, C., 2005. *The Employment of People with Mental Illness*. Australian E-Journal for the Advancement of Mental Health. Vol. 4. Issue 2.

The project is to build the practice foundation for the eventual roll out of the evidenced-based model of mental health employment across the WA Mental Health system. Helen Lynes was engaged by WAAMH to undertake the research phase of this project, which is now completed and there will be further reporting on this project in the next WAAMH Annual Report.

## **Mental Health Law Reform**

The Mental Health Act 1996 is the current legislation in force in Western Australia. The Act is to provide for the care, treatment, and protection of persons who have mental illnesses, and for related purposes. A review of the Act by Professor D'Arcy Holman was completed in 2003.

Other developments since the Holman Review have necessitated an examination of progress on the new Bill; these developments include:

- Australia's ratification of the United Nations' Convention on the Rights of Persons with Disabilities.
- Major legislative reform in other national and international jurisdictions, which has introduced new approaches to dealing with mental health issues.
- The appointment of a Minister for Mental Health and the establishment of the Mental Health Commission.

In April WAAMH ran a workshop on the Mental Health Act 1996 and Criminal Law (Mentally Impaired Defendants) Act 1996 with Sandy Boulter from the Mental Health Law Centre. WAAMH is looking forward to the consultative process that the Minister has announced in relation to the new Bill.

## **Submissions were made to the following:**

- Parliamentary Community Development and Justice Standing Committee Inquiry into Social Housing
- Productivity Commission Inquiry into Long Term Care and Support Scheme
- Inquiry into the mental health and wellbeing of children and young people in Western Australia

## **Media Activity**

WAAMH participated in a number of print, radio and television interviews, including:

West Australian	RTR	Regional Print & Radio
ABC Radio	Ten	Nine
6PR	Seven	

## **Conclusion**

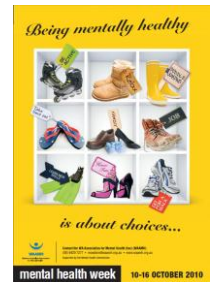
I would like to take this opportunity to thank staff, both past and present, for their tireless dedication and work. I would also like to thank the WAAMH Board for its commitment and vision. Special thanks go to my predecessor, Ann White, for the important contribution she made over many years at WAAMH and to the President, John Gherardi, for his ongoing support and encouragement.

Stephen Hall  
**Executive Director**  
October 2011

# Mental Health Week 2010

“Being mentally healthy is about choices...”

Mental Health Week in 2010 ran from Sunday 10 October to Saturday 16 October. Included are Stress Less Day and World Mental Health Day on the October 13<sup>th</sup>



## Opening Ceremony Arafmi - Walk of Pride

WA's first 'Walk of Pride' was held on Sunday, 10<sup>th</sup> October 2010 along the Swan River opposite Perth Convention Centre. About 160 people turned up to do the 20 minute walk to help combat mental health stigma.



The walk was joined by Estelle Dragun, Tony Fowke AM (Arafmi and World Federation for Mental Health President), Mental Health Minister Graeme Jacobs, John Gherardi the President of WAAMH.

## Closing Ceremony Blue Sky Mental Health Awareness Day

“Blue Sky Mental Health Awareness Day” was on Sunday 17<sup>th</sup> October. Stephen Hall made the closing speech to end Mental Health Week 2011. The fun filled family oriented day with live music, loads of activities, food, and information was at Minnowarra Park in Armadale. Over 20 agencies took part, coordinated by Project Officer Andy Nesci Blue Sky Day Committee. “Blue Sky Day” was started by the Armadale Consumer Advice Group following the suicide of two brothers.



# Good Outcome Awards 2010

## One of the Winners this year was one of our own

“Congratulations” to Ann White the Executive Officer of WAAMH won the Hollywood Private Hospital Leanne Wood award for excellence.

Congratulations to all the other winners of the 2010 Good Outcomes Award.



# Board Attendance

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The members of the WAAMH Board are elected to that role by the member organisations, on occasional circumstances they are coopted by the Board itself for a limited period to bring a particular expertise or experience that the Board wishes to have at the table. The following is a list of meetings that Board members have attended in the period of their appointment over the 2010 / 11 financial year.

Name	Board Meetings Possible	Attended
John Gherardi	12	12
Richard Bostwick	10	2
Sheryl Carmody	12	11
Vlasta Mitchell	4	2
Brian Stafford	12	10
Fran Tilley	10	7
Sandra Vidot	12	10
Marita Walker	12	9
Carmen Acosta	12	7
Pam Gardner	12	12
Lorrae Loud	12	7
Anna Roberts	12	10
Margaret Doherty	8	8
Joe Calleja	8	7
Joscelyn Jones	6	4
Nicole Marshall	8	6
Yvonne Pallier	8	7

# Financial Statements - Year Ended 30 June 2011

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## STATEMENT BY THE BOARD

For the year ended 30 June 2011

The Board of The WA Association for Mental Health Inc. has determined that the Association is not a reporting entity. The Board has determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the accounts.

In the opinion of the Board of the WA Association for Mental Health Inc:

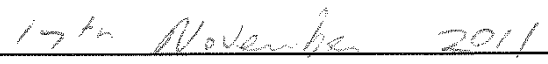
- 1a) The profit and loss account gives a true and fair view of the result of the Association for the year ended 30 June 2011 and;
- b) The balance sheet gives a true and fair view of the state of affairs of the Association as at 30 June 2011.
- 2 At the date of this statement, there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:

Signed on behalf of the Board of Management

  
\_\_\_\_\_  
President

  
\_\_\_\_\_  
Chair of Finance Committee

  
\_\_\_\_\_  
Date:

PERTH, WA

**RAY WOOLLEY PTY LTD** ABN 30 056 227 297  
**ACCOUNTANTS**

PRINCIPAL:  
RAY WOOLLEY F.C.A. (UK), B.Sc. (Hons)

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**WESTERN AUSTRALIAN ASSOCIATION FOR MENTAL HEALTH INC.**

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**Independent Auditor Report  
to the members of  
Western Australian Association for Mental Health Inc.**

**Scope**

The special purpose financial report and board of management's responsibility.

The special purpose financial report comprises the balance sheet, income and expenditure statement, accompanying notes to the financial statements and the president's statement of the Western Australian Association for Mental Health Inc. for the year ended 30 June 2011.

The board of management is responsible for the preparation and the true and fair presentation of the financial report and has determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are consistent with the financial reporting requirements of the Associations Incorporations Act (WA) and are appropriate to meet the needs of the members. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

The special purpose financial report has been prepared for distribution to members for the purpose of fulfilling the board of management's financial reporting requirements under the Associations Incorporations Act (WA). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

**Audit Approach**

We conducted an independent audit in order to express an opinion to the members of the organisation. Our audit was conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with our understanding of the organisation's financial position, and of its performance as represented by the results of its operations. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia. No opinion is expressed as to whether the accounting policies used and described in Note 1, are appropriate for the needs of the members.

**RAY WOOLLEY PTY LTD** ABN 30 056 227 297  
**ACCOUNTANTS**

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**WESTERN AUSTRALIAN ASSOCIATION FOR MENTAL HEALTH INC.**

**Independent Auditor Report  
to the members of  
Western Australian Association for Mental Health Inc.  
continued**

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of the significant accounting estimates made by the board of management.

While we considered the effectiveness of the management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

**Independence**

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

**Audit Opinion**

In our opinion, the financial report of Western Australian Association for Mental Health Inc. presents a true and fair view in accordance with the accounting policies described in Note 1 to the financial statements, of the financial position of Western Australian Association for Mental Health Inc. as at 30 June 2011 and the results of its operations for the year then ended.

Ray Woolley Pty Ltd

Ray Woolley  
Registered Auditor No 16396  
24 August 2011



19 Bayport Circuit  
Mindarie  
WA 6030

**WA ASSOCIATION FOR MENTAL HEALTH INC  
COMBINED PROGRAMMES**

**STATEMENT OF FINANCIAL POSITION as at 30 June 2011**

	Note	2011 \$	2010 \$
<b>Current Assets</b>			
Cash at Bank and on Hand	2	2,072,525	564,644
Receivables	3	65,486	15,938
<b>Total Current Assets</b>		<u>2,138,012</u>	<u>580,582</u>
<b>Non-current Assets</b>			
Furniture and equipment at cost		31,823	31,823
Accumulated depreciation	4	(31,823)	(31,823)
<b>Total Non-current Assets</b>		<u>0</u>	<u>0</u>
<b>Total Assets</b>		<u>2,138,012</u>	<u>580,582</u>
<b>Current Liabilities</b>			
Creditors and accruals	5	197,605	57,431
Grants received in advance	6	1,624,536	205,572
Provisions	7	39,453	77,112
<b>Total Current liabilities</b>		<u>1,861,594</u>	<u>340,115</u>
<b>Non-Current Liabilities</b>			
Provisions	7	9,211	23,907
<b>Total Non-Current liabilities</b>		<u>9,211</u>	<u>23,907</u>
<b>Total Liabilities</b>		<u>1,870,805</u>	<u>364,022</u>
<b>Net Assets</b>		<u>267,206</u>	<u>216,560</u>
<b>Accumulated funds</b>			
Accumulated Funds	8	267,602	216,561
<b>Total Equity</b>		<u>267,602</u>	<u>216,561</u>



**WA ASSOCIATION FOR MENTAL HEALTH INC**  
**Profit and Loss**  
**for the financial year ended 30 June 2011**

	2011	2010
	\$	\$
<b>Income</b>		
Contracts	531,141	546,428
Donations	756	834
Fundraising	1,087	-
FOH Income	2,777	8
Interest	28,570	20,492
Publications & Resources	9,626	7,885
Reimbursed Expenses	2,531	9,662
Sponsorship	-	2,000
Sundry Income	421	52
PR&RA Income	-	-
WAAMH Membership Fees	18,175	16,705
<b>Total Programmes Income</b>	595,083	604,066
<b>Expenditure</b>		
Accounting & Audit fees	8,580	8,604
Administrative Support	-	-
Advertising/Promotion/Printing	-	-
Bank Service Charges	179	330
Communications	20,878	45,349
CMHA contribution	6,693	7,333
Consumer & Carer Participation	950	800
Equipment	160	1,645
Gifts	1,752	58
Licences and Permits	-	46
Meetings/Forums	40,290	21,020
Office Supplies	4,572	7,618
Organisational Insurances	4,693	4,519
Photocopying	2,656	4,370
Printing	955	3,624
Projects - Non Staff Management	78,599	58,575
Promotion	8,181	17,741
Rent	29,951	25,305
Repairs & Maintenance	220	375
Resources	934	860
Sponsorship	-	1,000
Staff Management	317,392	334,969
Standards	-	-
Subscriptions	3,295	2,367
Sundry Expenses	139	20
Travel	13,366	28,189
Volunteer Expenses	-	47
<b>Total Expenses</b>	544,437	574,763
<b>Surplus (deficit) for the year</b>	50,645	29,303

**RAY WOOLLEY PTY LTD** ABN 30 056 227 297  
ACCOUNTANTS

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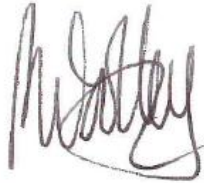
**WESTERN AUSTRALIAN ASSOCIATION FOR MENTAL HEALTH INC.**

**AUDITOR'S CERTIFICATION STATEMENT**

**Department of Health**

I hereby certify that, in my opinion, the information reported in the attached Income Statement for the year ended 30 June 2011 is based on proper accounts and present fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, the financial transactions for the year then ended and the payments in the statement are in accordance with the terms and conditions of the Service Agreement with Department of Health.

**AUDITOR**



Signature:

Full Name: Raymond Arthur Woolley.

Name of Organisation: Ray Woolley Pty Ltd.

Membership: Registered Company Auditor No: 16396

Date: 24 August 2011

# RAY WOOLLEY PTY LTD

ABN 30 056 227 297

## ACCOUNTANTS

PRINCIPAL:  
RAY WOOLLEY F.C.A. (UK), B.Sc. (Hons)

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### WESTERN AUSTRALIAN ASSOCIATION FOR MENTAL HEALTH INC.

#### AUDITOR'S CERTIFICATION STATEMENT

##### Mental Health Council of Australia

I hereby certify that, in my opinion, the information reported in the attached Income Statement for the year ended 30 June 2011 is based on proper accounts and present fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, the financial transactions for the year then ended and the payments in the statement are in accordance with the terms and conditions of the Service Agreement with the Mental Health Council of Australia.

#### AUDITOR

Signature:



Full Name:

Raymond Arthur Woolley.

Name of Organisation:

Ray Woolley Pty Ltd.

Membership:

Registered Company Auditor No: 16396

Date:

24 August 2011

**WA ASSOCIATION FOR MENTAL HEALTH INC**  
**Notes to and forming part of the accounts**  
**for the year ended 30 June 2011**

**1 STATEMENT OF ACCOUNTING POLICIES**

These financial statements are a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Association. The committee has determined that the Association is not a reporting entity.

The statements have been prepared in accordance with the requirements of the following applicable

Accounting standards and other mandatory professional reporting requirements:

AASB 1002: Events Occurring After Balance Date

AASB 1018: Profit and Loss Accounts

AASB 1019: Measurement and Presentation of Inventories in the Context of the  
Historical Cost System

AASB 1021: Depreciation

AASB 1025: Application of the Reporting Entity Concept and Other Amendments

AASB 1034: Information to be disclosed in Financial Reports

No other Accounting Standard's or mandatory professional reporting requirements have been applied.

The financial statements are prepared on an accrual basis. They are based on historical costs and do not take into account changing money values or, except where specifically stated, current valuation of non-current assets. The accounting policies adopted are consistent with those of the previous year.

**a) Furniture and Equipment**

Furniture and equipment are included at cost. All fixed assets are depreciated using the reducing balance method over their estimate useful lives commencing from the time the asset is held ready for use. Furniture and equipment costing less than \$5,000 are written off as an expense in the year of acquisition

**b) Employee Benefits**

Annual Leave

The full annual leave entitlement as at 30/06/11 appears as a provision in the Balance Sheet. The provision for annual leave has been accrued in respect of all employees from the commencement of employment with the Association.

Long Service Leave

Long service leave is due at the completion of ten years' service to the Association. Pro-rata being due after a period of seven years.

Sick Leave

Whilst sick leave entitlements are cumulative, employees do not receive this entitlement unless they are eligible for sick leave.

Redundancy

Provision for redundancy appears as a provision in the Balance Sheet.

**c) Funding/Grants in Advance**

All grants are brought into account as income when received, unless they relate to future years in which case they are recognised as income in the year expended.

**d) Risk Management**

Insurance cover is consistent with contractual requirements.

The Association does not have any material interest rate or credit risk exposure.

**WA ASSOCIATION FOR MENTAL HEALTH INC  
COMBINED PROGRAMMES**

**NOTES TO AND FORMING PART OF THE ACCOUNTS  
For the year ended 30 June 2011**

	2011	2010
	\$	\$
<b>2 Cash at bank and on hand</b>		
Cash on hand	300	150
Cheque Account - 044-419586-7	6,000	6,000
Term Deposit 032139-1 (072007)	61,500	20,500
Term Deposit 032140-6 (072007)	1,650,000	20,500
Term Deposit 035482-7 (072007)	-	20,500
Term Deposit	13,229	12,500
Term Deposit	272,207	260,000
Cash Management 044-027769-1	18,619	182,891
Trust Account - Nulsen Haven	50,670	41,603
	<u>2,072,525</u>	<u>564,644</u>
	<u>2,072,525</u>	<u>564,644</u>
<b>3 Receivables (Current)</b>		
Prepaid expenses	51,318	9,119
Accrued Income	4,791	3,042
GST Input Tax	9,377	3,777
	<u>65,486</u>	<u>15,938</u>
	<u>65,486</u>	<u>15,938</u>
<b>4 Furniture and Equipment</b>		
Furniture and equipment, at cost	31,823	31,823
Department of Community Development	-	-
Accumulated Depreciation	(31,823)	(31,823)
	<u>-</u>	<u>-</u>
	<u>-</u>	<u>-</u>
<b>5 Creditors and Accruals (Current)</b>		
Creditors and Accruals	17,105	19,141
GST Liability	165,401	19,787
Wages Clearing Account	15,100	13,074
PRRAWA	-	5,429
	<u>197,605</u>	<u>57,431</u>
	<u>197,605</u>	<u>57,431</u>

**WA ASSOCIATION FOR MENTAL HEALTH INC  
COMBINED PROGRAMMES**

**Notes to and forming part of the accounts  
For the year ended 30 June 2011**

	2011	2010
	\$	\$
<b>6 Grants Received In Advance</b>		
MHC Project Funds	1,531,536	120,000
Department of Health	83,000	85,572
Other Grants	<u>10,000</u>	<u>-</u>
	<u><u>1,624,536</u></u>	<u><u>205,572</u></u>
<b>7 Provisions</b>		
<b>Short Term</b>		
Provision for Annual Leave	16,839	31,300
Disability Services - vehicle		-
Provision for Redundancy	14,151	14,151
Provision for Personal Leave	8,462	31,660
	<u>39,453</u>	<u>77,111</u>
<b>Long Term</b>		
Provision for LSL	<u>9,211</u>	<u>23,907</u>
<b>8 Accumulated Funds</b>		
Accumulated Funds as at 30/06/2010	216,561	110,505
Net Income for year	50,645	29,303
Transfer to/(from) reserves		<u>76,753</u>
Accumulated Funds as at 30/06/2011	<u><u>267,206</u></u>	<u><u>216,561</u></u>

# Acknowledgements & Appreciation

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The WA Association for Mental Health would like to thank and acknowledge individuals and organisations for their financial contribution and support during 2010/2011.

**Thanks to all who assist and encourage the work of WAAMH.**

## Donations

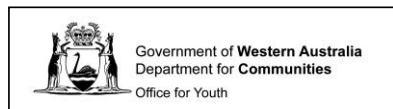
HBF - Free dress Friday  
Garuda staff – Free dress day

## Sponsorship / Grants

WiseWeb



Department of Communities



## Service Contract

Mental Health Commission

The logo for the Mental Health Commission, featuring the text "Mental Health Commission" in a white, handwritten-style font on a blue background with a yellow and orange gradient at the top.